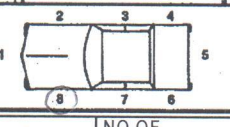
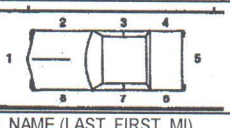
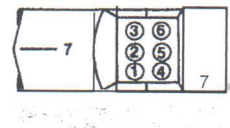



## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-11985		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO. 14-11985					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH: 07 15 2014 DAY Tuesday			TIME: MILITARY 1947				
CRASH OCCURRED ON 890 Columbus Ave., Lebanon, Ohio 45036													WITHIN THE INTERSECTION OF				
IF NOT IN INTERSECTION													(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE 8321		
LOG-1		LOG-2		LOC		JUR		FH'9		FILT							
A	UNIT NO. 1	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input checked="" type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>			INSURANCE CO OR AGENT				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)													ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE			DRIVER'S LICENSE NO.		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Toler, Samuel, E.													ADDRESS Gerlaugh Ave., Dayton, Ohio 45403		PHONE 937-252-3733		
VEH YR 2013		MAKE Chevrolet		MODEL Sonic		COLOR Black		STYLE 411		STATE OH		LICENSE PLATE NO. FSJ5319		TOWING SERVICE		VEH/PED DIR	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input checked="" type="checkbox"/>		INSURANCE CO. OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown												ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)												ADDRESS		PHONE			
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR	
CIRCLE DAMAGE AREAS				9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES			
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS				PHONE		SEX						CONDITION			
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						A B			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS				PHONE		SEX						A B			
		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						A B			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		P-PEDESTRIAN				RESTRAINTS			
		ADDRESS				PHONE		SEX		A B C D E F				A B C D E F			
		INJURED TAKEN TO				By		A B C D E F				A B C D E F					
		INJURED TAKEN TO				By		A B C D E F				A B C D E F					
		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F				A B C D E F					
		OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F				A B C D E F					
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG							
07 15 2014		YES NO		Stewart		120											